

INTER-SCHOOLS ENTRY FORM 2018

Date of Event2 Dec VenueCoombelands						
Name of School		NSEA Membership Number				
Name and Addres	ss of Contact					
Telephone		email address:				
TEAM MANAGER			Mobile No			
Class Team/Ind	Rider	Riders age + DOB	Horse	Paramedic Cover £4 per rider /day	Entry Fee	Signature of parent or team manager if rider under 18
START TIMES will be I declare that all of th	eek before the competition available on www.nsea.org	.uk two days before the co	mpetition	e including First A		chool named above in 2018
I have read and agree	e to abide by the NSEA Rum Manager)	ıles 2018.	•		-	
If a competitor is aged acceptance of the Rule	17 years or under, the entres and Conditions contained	y form must be signed by a d herein.	a parent/guardian or tear		·	